



## Miami Tribe of Oklahoma Housing Department

### NAHASDA RENTAL ASSISTANCE / RENTAL DEPOSIT ASSISTANCE

Miami Tribe of Oklahoma Social Services and Housing Department has available a Rental Assistance Program to help with tribal members who have lost their income due to job termination or situation(s) out of their control. Funding for this program is EXTREMELY limited, therefore; this is an annual one-time assistance, when funds are available, with a maximum limit of \$1,000.00.

The applicant must be Native American, meet income guidelines and live within the 50-mile service area.

The Rental Assistance application can, and may, take up to 30 days for processing. At the end of the processing period, you will be notified by phone or written correspondence of the decision made on the application.

Please note that any incomplete applications will be returned.  
To receive services, you must qualify by meeting all eligibility requirements and program funding must be available.  
Complete in blue or black ink only.

**The following information is required for ALL household members in order to determine eligibility for assistance:**

- Tribal Enrollment Card(s)
- Social Security Card(s)
  - Birth Certificate(s)
- Driver's License(s)
- Income Verification
  - Pay Stub from Employer along with Verification of Income Form
  - Letter from State Employment Office, if unemployed, *or*
  - Letter from Department of Human Resources, *or*
  - Letter from Social Security, VA, SSI, *or*
  - Letter from Child Support Agency, *or*
  - Copy of last year's Income Tax Statement, *or*
  - Zero Income Declaration Form
- Statement from Landlord stating total amount due.
- Lease and/or Rental Agreement
- If not Miami Tribal Member, a letter of denial from your tribe
- Completed Application
- W-9, if needed



# Miami Tribe of Oklahoma Housing Department

## RENTAL ASSISTANCE APPLICATION

Miami Tribe Use Only

Date Rec'd: \_\_\_\_\_ Time Rec'd: \_\_\_\_\_ By: \_\_\_\_\_

Name of Head of Household (Tribal member): \_\_\_\_\_

Name of Adult Co-Head of Household: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current City: \_\_\_\_\_ Current State: \_\_\_\_\_ Current Zip: \_\_\_\_\_

Permanent Address (If applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

### FAMILY INFORMATION

Beginning with the tribal member, list ALL persons who will live in the household. Each box must be completed for each family member. No one, except those listed on this form, may live in the household.

Name: First/Last	SS#	Date of Birth	Sex	Relation to Head	Disabled Y/N	Tribal Y/N	Child Y/N	Student Y/N
				Head				

Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.?  
 Yes ☐ No ☐ If yes, who can verify this? Please give name, address and phone # and list the Natural Disaster

Is the applicant family displaced by domestic violence? Yes ☐ No ☐ If yes, who can verify this? Please give name, address and phone # and list the name of the victim.





## Miami Tribe of Oklahoma Social Services & Housing Department

### **FAMILY INCOME INFORMATION**

Is any adult family member employed? Yes ☐ No ☐ If yes, please fill out the following information:

Name of family member	Employer, address, and phone #

Is any adult family member enrolled in a job training program, including one required under the Welfare program? Yes ☐ No ☐ If yes, who can verify this? Please give name, address, phone # and the name of adult family member \_\_\_\_\_

Is any adult family member enrolled in an education program full-time? Yes ☐ No ☐ If yes, who can verify this? Please give name, address, phone # and the name of student \_\_\_\_\_

Do you or any other household member receive Tribal Benefits? If yes, please describe and list the name of person receiving benefits \_\_\_\_\_

Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? Yes ☐ No ☐ If yes, please describe the type of asset(s) \_\_\_\_\_

What is the market value of all assets? \_\_\_\_\_

Do you own any real estate? Yes ☐ No ☐ If yes, please list the person who owns the real estate and the address \_\_\_\_\_

Have you sold any real estate or asset in the past two years? Yes ☐ No ☐ If yes, what was the address or asset sold and who owned the real estate or asset \_\_\_\_\_



# Miami Tribe of Oklahoma Social Services & Housing Department

## HOUSEHOLD INCOME

*For ALL household members*

### Income Guideline

Family of	1	2	3	4	5	6
	\$54,768	\$62,592	\$70,416	\$78,240	\$84,499	\$90,758

Examples of Income are as follows:

Wages/Salaries  
Commissions  
Employment Bonuses  
Sick Leave Pay  
Disability Pay  
Tips

Workman's Comp  
Self-Employment  
Unemployment  
SSI  
TANF  
Child Support

Alimony  
Retirement  
Pension  
Lease/Rental Income  
Inheritance  
Interest/Dividend

Please list the source and amount of ALL income received for each household member, including yourself:

Family Member Name	Income Source	Amount \$	Frequency - Per
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other

### Miami Tribe Use Only

Total Monthly Income: \$ \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_





# Miami Tribe of Oklahoma Social Services & Housing Department

## EXPENSE INFORMATION

*Please fill out in its entirety - estimate on a monthly basis*

Mortgage/Rent: \$	Home Phone: \$	Car Payment: \$	Child Care: \$
Home Insurance: \$	Cell Phone: \$	Car Payment: \$	Entertainment: \$
Real Estate Taxes: \$	Cable/Dish: \$	Fuel & Oil: \$	Credit Card #1: \$
Gas: \$	Internet: \$	Repairs & Tires: \$	Credit Card #2: \$
Water: \$	Groceries: \$	Auto Insurance: \$	Loan: \$
Electric: \$	Adult Clothing: \$	Life Insurance: \$	Cigarettes/Tobacco: \$
Trash: \$	Children Clothing: \$	Health Insurance: \$	Alcohol: \$
Other: \$	Other: \$	Other: \$	Other: \$

Miami Tribe Use Only

Total Monthly Expenses: \$ \_\_\_\_\_

## RENTAL INFORMATION

*Please give your current landlord information.*

	Name	Mailing Address	Phone #	How Long
Current				

*The Miami Tribe Social Services & Housing will be contacting your current landlord for a rental history.*

Have you, or anyone in your household ever been evicted from housing? Yes ☐ No ☐ If yes, please explain why: \_\_\_\_\_

Do you, or anyone in your household have any past due utility bills? Yes ☐ No ☐ If yes, please describe and give the amount that is owed: \_\_\_\_\_



## Miami Tribe of Oklahoma Social Services & Housing Department

### MISCELLANEOUS INFORMATION

Have you, or any member of the household, ever been arrested or convicted of a crime other than a traffic violation? Yes ☐ No ☐ If yes, please explain the nature of the charges or convictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you, or any member of the household, currently on probation or parole? Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HOUSING HISTORY

The following questions pertain to your housing for **ANY** assistance that you have received from tribal or nontribal programs. Please answer the questions in their entirety and truthfully.

Have you, or any other member of the household, participated in a Rental Assistance program? Yes ☐ No ☐  
If yes, When \_\_\_\_\_ Where \_\_\_\_\_  
With Whom: \_\_\_\_\_

Have you, or any member of the household, participated in a Down Payment Assistance program? Yes ☐ No ☐  
If yes, When \_\_\_\_\_ Where \_\_\_\_\_  
With Whom \_\_\_\_\_

Have you, or any member of the household, participated in a Utility Assistance program? Yes ☐ No ☐  
If yes, When \_\_\_\_\_ Where \_\_\_\_\_  
With Whom \_\_\_\_\_

Have you, or any member of the household, participated in a Home Ownership program? Yes ☐ No ☐  
If yes, When \_\_\_\_\_ Where \_\_\_\_\_  
With Whom: \_\_\_\_\_

Have you, or any member of the household, participated in a Rehabilitation program? Yes ☐ No ☐ If yes,  
When \_\_\_\_\_ Where \_\_\_\_\_  
With Whom \_\_\_\_\_





# Miami Tribe of Oklahoma Social Services & Housing Department

## APPLICATION CERTIFICATION

I/We certify that the answers/information given on this application and attachments, if any, are true to the best of my/our knowledge and belief and understand that they will be verified. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of assistance and any tenancy which I/we might receive. No record will be communicated to anyone or any agency unless request is made in writing either by the applicant, an officer of the Miami Tribe of Oklahoma Housing Department, Department of Public Assistance, The Social Security Administration and/or any other government agencies requiring it is the performance of his/her duties. This application will not be valid unless it is filled out. **INCOMPLETE APPLICATIONS WILL BE MADE INACTIVE.**

*Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.*

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date

### Miami Tribe Use Only:

Review Date: \_\_\_\_\_

Signature of Authorized Employee: \_\_\_\_\_

Income Eligibility Determination:

Family Size: \_\_\_\_\_

Monthly Gross Income: \$ \_\_\_\_\_

Approved-Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Denied-Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_



# Miami Tribe of Oklahoma Social Services & Housing Department

## VERIFICATION OF EMPLOYMENT

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer City, State and Zip Code: \_\_\_\_\_

Re: \_\_\_\_\_  
Applicant

Social Security # \_\_\_\_\_

The individual named above has obtained or is attempting to obtain housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be or remain eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. We are required to complete the verification process in a short time and would appreciate your prompt response. If you have any questions, please feel free to contact our office at 918-541-1300 Ext 1389.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ (employer) to release the information requested below regarding my employment and compensation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### TO BE COMPLETED BY EMPLOYER:

Date Employment Began: \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary, Base Pay Rate: \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_ per week \$ \_\_\_\_\_ per month

Average hours worked at Base Pay Rate: \_\_\_\_\_ hrs./week, or \_\_\_\_\_ hrs./month in year.

Is this person likely to receive Overtime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Overtime Pay Rate: \_\_\_\_\_ Hr.

Average number of Overtime hours expected during the next 12 months: \_\_\_\_\_ Hrs./Month

Any other compensation not listed above? Please specify for commission, bonuses, tips, etc.?

For \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Total Base Pay Earnings for the last 12 months: \$ \_\_\_\_\_

Total Overtime Earnings for the last 12 months: \$ \_\_\_\_\_

Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_





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Employer: \_\_\_\_\_

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Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_



# Miami Tribe of Oklahoma Social Services & Housing Department

## ZERO INCOME SELF DECLARATION

*Please complete and sign this form if you have claimed zero or no income on the attached application. Failure to complete this form will delay the processing of your application. Blank or writing N/A or dashes (----) is not acceptable. If more than one adult household member claims zero or no income, you will need to provide copies of this form for all qualifying household members.*

Full Name

Address

City

State

Zip

Date of Birth

Social Security #

Phone #

*Please explain reasoning for lack of employment and include how you have paid your monthly bills for at least the past 90 days:*

### Office Use Only

Client Notes:





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Client Notes:



## Miami Tribe of Oklahoma Social Services & Housing Department

### **AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize the Miami Tribe of Oklahoma Social Services & Housing Department to release and receive information to and from the following persons and organizations. I have been informed of the type of information to be released and requested.

\_\_\_\_\_ Department of Human Services  
\_\_\_\_\_ Court/Criminal/Civil  
\_\_\_\_\_ Lawyers  
\_\_\_\_\_ Referral Source  
\_\_\_\_\_ Medical  
\_\_\_\_\_ Housing  
\_\_\_\_\_ Employer  
\_\_\_\_\_ Other

\_\_\_\_\_ I hereby release the Miami Tribe of Oklahoma and its agents and employees from all liabilities, responsibilities, damages and claims which might result from the release of information authorized above.

\_\_\_\_\_ I hereby waive any therapist-patient privilege with respect to records released to the above named individual or organization.

\_\_\_\_\_ I hereby waive any physician-patient privilege with respect to records released to the above named individual or organization.

\_\_\_\_\_ I understand that the above-named consents are subject to revocation by me at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.

\_\_\_\_\_  
Signature of Person Authorizing Release

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of MTO Representative

\_\_\_\_\_  
Date





# Miami Tribe of Oklahoma Social Services & Housing Department

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\_\_\_\_\_ Department of Human Services  
\_\_\_\_\_ Court/Criminal/Civil  
\_\_\_\_\_ Lawyers  
\_\_\_\_\_ Referral Source  
\_\_\_\_\_ Medical  
\_\_\_\_\_ Housing  
\_\_\_\_\_ Employer  
\_\_\_\_\_ Other

\_\_\_\_\_ I hereby release the Miami Tribe of Oklahoma and its agents and employees from all liabilities, responsibilities, damages and claims which might result from the release of information authorized above.

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Signature of Person Authorizing Release

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of MTO Representative

\_\_\_\_\_  
Date



## Miami Tribe of Oklahoma Social Services & Housing Department

### CONFLICT OF INTEREST DISCLOSURE

The Miami Tribe of Oklahoma Adult Services Program takes seriously any actual or potential conflicts of interest. As we wish to avoid even the applicants to disclose any immediate family members, or significant persons, which could potentially cause a conflict of interest. For this purpose, immediate family members include, but is not limited to, spouse, children, parents and siblings.

Please list any relationships here (please print):

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**Attestation:** The undersigned individual (s) hereby attest he/she is a participant in the Miami Tribe of Oklahoma Adult Services Program and that he/she is independent of and has no conflict of interest with any persons listed above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date